

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180
 County Registrar No. 657
 Local Registrar No. _____

No. 36 Grover Canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Guadaloupe Garcia { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth May 29, 1926
 Month Day Year

8. FATHER
 Full name Manuel Garcia
 9. Residence Miami, Ariz.
 (Usual place of abode)
 If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 24 (Years)
 12. Birthplace (city or place) Solomville
 (State or country) Arizona
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Amelia Ebarra
 15. Residence Miami, Arizona
 (Usual place of abode)
 If non-resident, give place and state.
 16. Color or race Mex.
 17. Age at last birthday 18 (Years)
 18. Birthplace (city or place) Durango, Mex.
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother { (a) Born alive and now living 1
 (b) Born alive but now dead _____
 (c) Stillborn _____
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 5 A. m. on the date above stated
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Eyril M. Brown M.D.
 (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____ Filed June 4, 1926 E. E. Don
 Month, day, year Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

771-529-151